

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02-08	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1905 (o) of Social Security Act; 42 CFR Part 418; State Medicaid Manual, Chapter 4, Sections 4306 & 4307; P.L. 105-33	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> (\$78.89) b. FFY <u>2003</u> (\$330.53)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 7 Attachment 3.1-A, Item 18, Pages 1,2 Attachment 3.1-B, Page 1 Page 6 Attachment 4.19-B, Item 18, Page 1 Supplement 1 to Attachment 4.19-B, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 90-32) None - New Pages Same (TN 00-12) Same (TN 97-16) None - New Page Same (TN 02-03)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to establish hospice care as an optional Medicaid service for categorically needy and medically needy recipients.**

11. GOVERNOR'S REVIEW (Check One):

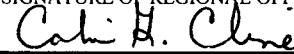
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED**state plan material.**☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: July 1, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 07-05-02	18. DATE APPROVED: 07-12-02
------------------------------------	------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-02	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Calvin G. Cline	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a) (31) (A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

* Description provided on attachment.

STATE <u>Louisiana</u>	A
DATE REC'D <u>7-5-02</u>	
DATE APPV'D <u>7-12-02</u>	
DATE EFF <u>7-1-02</u>	
HCFA 179 <u>LA-02-08</u>	

TN No. 02-08 Approval Date 07-12-02 Effective Date 07-01-02
Supersedes
TN No. 90-32

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Medical and Remedial Care and Services - Item 18

CITATION

1905 (o) of the Social
Security Act;

42 CFR Part 418

Hospice Care

The Bureau of Health Services Financing (BHSF) will provide reimbursement for hospice care for Medicaid recipients who are terminally ill. Terminally ill means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

Election Periods

An individual may elect to receive hospice care during one or more of the following election periods:

1. an initial 90-day period;
2. a subsequent 90-day period; and
3. subsequent 60-day periods.

The election periods may be used consecutively or at different times during the recipient's life span. An individual may not designate an effective date that is earlier than the date that the election is made.

Prior authorization is required for all subsequent 60-day periods. A patient must have a terminal prognosis.

Election Statement

An election statement must be filed with a specific hospice for the individual who meets the requirements. An election to receive hospice care will be considered to continue through the initial certification period and the subsequent election periods without a break in care as long as the individual remains in the care of the hospice and does not revoke the election.

Dually eligible (Medicare and Medicaid) recipients must elect hospice care in both the Medicare and Medicaid programs simultaneously to receive Medicaid hospice care.

Certification of Terminal Illness

The hospice must obtain written certification of terminal illness for each of the certification periods even if a single election continues in effect for two or more periods. The certification must specify that the individual's prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course.

A	
STATE	LOUISIANA
DATE REC'D	07-05-02
DATE APP'D	07-12-02
DATE EFF	07-01-02
HCFA 179	LA-02-08

TN# 02-08 Approval Date 07-12-02 Effective Date 07-01-02

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Plan of Care

A written plan of care must be established and maintained for each individual admitted to a hospice program. The care provided to an individual must be consistent with the plan and be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions. The plan of care must be established before services are provided.

Waiver of Payment for Other Services

An individual waives all rights to Medicaid payments for the duration of the election of hospice care for the following services:

Hospice care provided by a hospice other than the hospice designated by the individual; and

Any Medicaid services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or that are equivalent to hospice care except for services provided:

by the designated hospice; or

the individual's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services.

STATE <u>Louisiana</u>	A
DATE REC'D <u>07-05-02</u>	
DATE APP'D <u>07-12-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 1/5 <u>CA-02-08</u>	

TN# 02-08 Approval Date 07-12-02 Effective Date 07-01-02

Supersedes SUPERSEDES: NONE - NEW PAGE

TN# _____

STATE OF LOUISIANA
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-B
Page 1

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

The following ambulatory services are provided.*

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
 - a. Outpatient hospital services.
 - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
 - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - c. Family Planning services and supplies for individuals of child-bearing age.
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
 - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
 - a. Podiatrists' services.
 - b. Optometrists' services.
 - c.1. Anesthetists' services.
(CRNAs & Anesthesiologists)
 - c.2. Audiologists' services.

Item No.

7. Home Health Services
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - b. Home health aid services provided by a home health agency.
 - c. Medical supplies, equipment and appliances suitable for use in the home.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
 - a. Prescribed drugs.
 - c. Prosthetic devices.
13.
 - d. Rehabilitative services.
15. Intermediate Care Facility for the Mentally Retarded (ICF/MR) services.
17. Nurse-midwife services.
18. Hospice Care
19. Optional targeted case management services.
20. Extended services for pregnant women.
21. Certified pediatric or family nurse practitioners' services.
24.
 - a. Transportation.
 - d. Nursing facility services provided for patients under 21 years of age.

*Description provided on Attachment 3.1-A

TN No. 02-08 Approval Date 07-12-02 Effective Date 07-01-02
Supersedes
TN# 00-12

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>07-05-02</u>	
DATE <u>07-12-02</u>	
DATE <u>07-01-02</u>	
HCFA 179 <u>LA-02-08</u>	

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Part 418
Subpart G

Medical and Remedial Care
and Services
Item 18

Hospice Care

Method of Payment

Hospice care is reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter 4, Sections 4306 and 4307 as amended by Public Law 105-33, "Balanced Budget Act of 1997".

Payment Rates

The payment rates for each level of care will be those used under Part A of Title XVIII (Medicare), adjusted to disregard cost offsets attributable to Medicare coinsurance amounts. For routine home care, continuous home care, and inpatient respite care, only one rate is applicable for each day. For continuous home care, the amount of payment is determined based on the number of hours of continuous care furnished to the recipient on that day.

Payment rates are adjusted for regional differences in wages. The Bureau will compute the adjusted rate based on the geographic location at which the service was furnished to allow for the differences in area wage levels, using the same method used under Part A of Title XVIII.

The hospice will be paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility for Medicaid recipients residing in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR).

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>07-05-02</u>	
DATE APP'D <u>07-12-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179	<u>LA-02-08</u>

TN# 02-08 Approval Date 07-12-02

Effective Date 07-01-02

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
Other Medicaid Beneficiaries	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
Dual Eligible (QMB Plus)	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance	
QMBs:	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Title XVIII only services Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals Hospice Care
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance-	Prescription Drugs
Other Medicaid Beneficiaries	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals Hospice Care
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Prescription Drugs
Dual Eligible (QMB Plus)	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Title XVIII only services Inpatient Hospital Services provided in Small Rural Hospitals and Skilled Nursing Units in Small Rural Hospitals Hospice Care
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance -	Prescription Drugs

TN# 02-08 Approval Date 07-12-02 Effective Date 07-01-02
Supersedes
TN# 02-03

STATE <u>Louisiana</u>	A
DATE REC'D <u>07-05-02</u>	
DATE APP'VD <u>07-12-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179 <u>LA-02-08</u>	